

EMAC Employee Information Form

Please enter the requested information, sign and date the form. Please submit a separate form for each individual employee you want to report. Please note that employers must submit this form to MassHealth no later than 30 days after EMAC Supplement payments are due for the quarter this request is referencing (for Q2 2018, employers must submit forms by August 30th).

Your name:

Your title:

Name of your company / organization:

Federal Employer Identification Number:

Business address (cannot be a PO Box):

Your phone number:

Your email:

Employee name:

Employee DOB:

Last 4 digits of employee SSN:

Quarter for which you paid the EMAC Supplement credit for this employee:

Is employee currently working in your organization? Yes No

Please select the issue which you are reporting:

- ☐ Employee is enrolled in your¹ employer sponsored insurance (ESI) or in union insurance for which your employer pays a premium contribution:
 - a. In order for insurance status to be validated, the employer **must** provide the following information in the spaces provided:
 - i. Carrier Name:
 - ii. Policy Number (individual subscriber ID; inclusive of any applicable prefixes or person codes):
 - iii. Group Number:
 - iv. Employee's enrollment start date in your ESI:
 - b. ESI validation requests that do not provide all of this information cannot be processed.

¹ Note: An employee must be enrolled in employer-sponsored insurance that your employer provides, or in union insurance for which your employer pays a premium contribution, in order to result in a credit. Employees on a spouse's insurance or employees under the age of 26 who may have access to their parents' insurance will not result in a credit and should not be submitted.

- ☐ Employee is not Massachusetts resident
 - a. In the space below, provide the employee's current address.
 - b. Attach evidence that the employee is residing out of state.
- ☐ Employee has income which is inconsistent with subsidized public health coverage eligibility
 - a. Please review FPL eligibility table in the Appendix A.
 - b. In the space below provide any relevant information.
 - c. Provide evidence supporting your claim.
- ☐ Other
 - a. In the space below please describe the issue you are reporting and provide any relevant information and/or evidence

Description:

Please use this space to provide relevant information and/or explain additional information you are sending as an attachment along with this completed form.

What happens next?

- MassHealth and/or the Connector (depending on your employee's membership) will investigate your referral.
- You should not expect to hear back from MassHealth or the Connector due to restrictions on the disclosure of member information under federal and state privacy laws.
- If the information you provided results in a determination² that an employee was enrolled in qualifying ESI or was not eligible for subsidized benefits, DUA will determine the amount of EMAC Supplement liability generated by such employee(s) and credit the employer in the following quarter after the determination is made³.

Acknowledgements and signature:

I certify under the pains and penalty of perjury that what is stated on this form is correct and complete to the best of my knowledge.

Signature:

Date:

Send this completed, signed form and attachments (if any) by secure email to EMACemployeedata@State.MA.US .

² Note: the length of time it will take to make such determinations will depend on the nature of the discrepancy, the accuracy of the information submitted, and the volume of submissions.

³ The quarterly credits will be for the employee(s) included on the list DUA receives in the preceding quarter.

Appendix A

MassHealth eligibility: Non-disabled individuals/families can be enrolled in MassHealth if their income <138% of Federal Poverty Level (FPL)

ConnectorCare eligibility: Individuals or families with income up to 300% FPL can enroll in ConnectorCare plans

2018		FEDERAL POVERTY LEVELS			
Size of Household	138%	150%	200%	250%	300%
1	\$16,643	\$18,090	\$24,120	\$30,150	\$36,180
2	\$22,411	\$24,360	\$32,480	\$40,600	\$48,720
3	\$28,180	\$30,630	\$40,840	\$51,050	\$61,260
4	\$33,948	\$36,900	\$49,200	\$61,500	\$73,800
5	\$39,716	\$43,170	\$57,560	\$71,950	\$86,340
6	\$45,485	\$49,440	\$65,920	\$82,400	\$98,880
7	\$51,253	\$55,710	\$74,280	\$92,850	\$111,420
8	\$57,022	\$61,980	\$82,640	\$103,300	\$123,960